

APPLICATION FOR THE WORKER TO BE SUBJECT TO THE PORTUGUESE SOCIAL SECURITY LEGISLATION

IN CASE THE ACTIVITY IS CARRIED OUT IN ANOTHER MEMBER STATE

Application of Articles 11 to 13 and 15 of Regulation (EC) no. 883/2004 and Articles 14 and 16 of Regulation (EC) no. 987/2009 (1)

Please read the information carefully before completing the form

APPLICANT IDENTIFICATION (EMPLOYER/SELF-EMPLOYED PERSON)

| Social Security Identification | no. | | |
|--|---|--|--|
| Taxpayer no | | Tax Office Code | |
| Name/Company name | | | |
| Headquarters address | | | |
| Postal code | | | |
| District | Municipality | Parish | |
| Phone no. | Fax no | Email | |
| | | with no. , | |
| whose normal activity carrie | | since | |
| | | year month day | |
| | are a self-employed person | | |
| Do you have a fixed establis | hment in Portugal? Yes | Não If you answered yes , the establishment remains fixed in | |
| Portugal during the activity | periods in the other Member State? | Yes No | |
| 2 IDENTIFICATIO | N OF THE WORKER WHO CAF | RRIES OUT AN ACTIVITY IN THE OTHER MEMBER STATE (MS) | |
| Social Security Identification | no. | | |
| Taxpayer no. | | Tax Office Code | |
| Full name | | | |
| I dii riciine | | | |
| Birth date | | ality (1) | |
| year | month day | | |
| Permanent residence | | | |
| , , | the company | | |
| Profession/Activity | C 4 1 1 1 4 4 4 1 1 1 C 4 | | |
| | _ | his worker, to prove that he/she continues to be subject to the Portuguese | |
| legislation in the period fron | year month day | , during which he/she will be posted in the country | |
| Is the worker posted to repla | ace another worker? Yes | ○ No | |
| To complete if the worker has been subject to the Portuguese legislation while carrying out an activity in the other Member State | | | |
| [1] If the worker is not a Portuguese citizen or a citizen of a State of the European Union, the European Economic Area or Switzerland, please attach a document | | | |
| attesting the Visa or Residen (2) The previous forms continue | nce Permit. The to be used for the situations provided for | or in Regulation (EEC) no. 1408/71. | |
| | | (continues on the next page) | |
| | | | |

(1) Articles 14 to 16 of Regulation (EEC) no. 1408/71 and Articles 11 to 14 of Regulation (EEC) no. 574/72 shall continue to apply to third-country nationals with legal residence in Portugal, whenever the United Kingdom is involved.

TO COMPLETE IF THE WORKER HAS BEEN SUBJECT TO THE PORTUGUESE LEGISLATION WHILE CARRYING OUT AN ACTIVITY IN THE OTHER MS

| The worker was: | |
|--|--|
| posted in the same company in the period from to to | , according to PD A 1 (1), issued |
| on year month day year m year month day | onth day |
| posted in the same company in the period from to to | year month day , according to E101 (1), |
| issued on | year month day |
| | 2000 ding to 5103 (1) |
| in a situation of posting period extension, from to issued on | year month day , according to E102 ⁽¹⁾ , |
| year month day | |
| (1) Please attach a copy of the document. | |
| 4 DATA CONCERNING THE HOST COMPANY/PLACE WHERE THE A | CTIVITY IS CARRIED OUT |
| Company name/ name of the vessel owner | |
| Phone no Fax no Email | |
| Place/places where the activity will be carried out | |
| naccy places where the details will be carried out | |
| | |
| Is the work carried out on behalf of the Portuguese employer? Yes No Type of work (1) | |
| Type of work (1) | |
| | |
| | |
| Carried out under a: works contract works subcontract, at the construction site | located in |
| Name of the insurance company for accidents at work | |
| Insurance policy no ⁽²⁾ | |
| (1) Please briefly describe the work to be carried out; in the case of a construction works contract or s as the name and address of the other contractor and the time limit for the works conclusion. | ubcontract, that information must be provided, as well |
| (2) Please attach a document attesting the insurance validity for the host country, during the period m | nentioned in this application. |
| 5 OTHER DATA CONCERNING THE HOST COMPANY | |
| The posted worker's remuneration and social contributions shall be paid by: | |
| | |
| the sending employer the host employer | |
| another entity. In this case, please indicate: | |
| The entity name | |
| | |
| Address | |
| Locality Postal code | |
| Country | |
| Will the activity also be carried out in another/other Member State(s)? Yes N | o If you answered Yes, please |
| indicate the activity(activities) | as from |
| nature of the activity | - |
| remuneration/income company's turnover | |
| , | (continues on the next page) |

| 6 IMPLEMENTATION OF REGULATION (EC) NO. 883/2004 (please tick with an X the corresponding situation) | | | |
|---|--|--|--|
| Civil servant or person treated as such [Article 11(3)(b)] | | | |
| Activity carried out on board a vessel at sea flying the flag of a Member State [Article 11(4)] | | | |
| Activity carried out as a flight crew or cabin crew member [Article 11(5)] | | | |
| Posting of an employee [Article 12(1)] | | | |
| Posting of a self-employed person [Article 12(2)] | | | |
| Employee carrying out an activity in two or more Member States | | | |
| a substantial part of his/her activity is carried out in Portugal [Article 13(1)(a)] | | | |
| a substantial part of his/her activity is not carried out in Portugal [Article 13(1)(b)] | | | |
| Self-employed person carrying out an activity in two or more Member Sates | | | |
| a substantial part of his/her activity is carried out in Portugal [Article 13(2)(a)] | | | |
| a substantial part of his/her activity is not carried out in Portugal [Article13(2)(b)] | | | |
| Option right by the contract staff of the European Communities (1) (Article 15) | | | |
| (1) Please attach a copy of the employment contract. | | | |
| 7 EMPLOYER CERTIFICATION | | | |
| The information provided corresponds to the truth and does not omit any relevant details. | | | |
| | | | |
| | | | |
| year month day Signature and stamp | | | |
| 8 DOCUMENTS TO SUBMIT | | | |
| | | | |
| Posting of employees (application of the special rule provided for in Article 12(1) of Regulation (EC) no. 883/2004): - Construction works contracts or subcontracts; | | | |
| - Business permit (provided that the company is required to have one, as is the case of construction companies and temporary employment | | | |
| companies); | | | |
| - Copy of residence permits issued by the Foreigners and Borders Service (SEF) of the workers to be posted, who are third-country nationals | | | |
| - Statement issued by the insurance company proving that the posted workers will be covered by an insurance policy against accidents at work in the country where they will be posted, during the whole period to which the form issuing request refers, as well as the respective receipt; | | | |
| - VAT returns for the services provided in Portugal (last return or returns, depending on whether it is a quarterly or monthly VAT return) if you do not have an updated VAT return, please submit the invoices issued for the services provided in Portugal. | | | |
| Posting of self-employed persons (application of the special rule provided for in Article 12(2) of Regulation (EC) no. 883/2004): | | | |

- Service agreement;
- $VAT\ return\ (in\ cases\ where\ it\ is\ not\ required\ by\ law,\ please\ submit\ copies\ of\ receipts\ for\ the\ last\ three\ months\ -\ a\ receipt\ for\ each\ month);$
- Statement of beginning of activity (in order to assess the "similar activity" requirement);
- Statement issued by the insurance company proving that you will be covered by an insurance policy against accidents at work in the country where you will be working, during the whole period to which the form issuing request refers.

The personal data provided in this application will be processed by the competent Social Security services (Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

 $For more information on data \ protection, \ please \ consult \ the \ Social \ Security \ website \ at \ www.seg-social.pt$